

Bury Road Surgery

Inspection report

Gosport War Memorial Hospital
Bury Road
Gosport
PO12 3PW
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Date of inspection visit: 28 September 2022 and 4 October 2022
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced focused inspection at Bury Road Surgery on 28 September 2022. Overall, the practice is rated as requires improvement.

This was a focused inspection and we have carried forward the ratings for caring and responsive from previous inspections.

Safe - requires improvement

Effective - requires improvement

Caring - good

Responsive - good

Well-led - requires improvement

Following our previous inspection on 18 November 2021, the practice was rated inadequate overall and inadequate for providing safe services and well led. It was rated requires improvement for providing effective care and treatment. We imposed conditions on the provider's registration (Dr Carl Wyndham Robin William Anandan).

The full reports for previous inspections can be found by selecting the 'all reports' link for Bury Road Surgery on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection to follow up concerns and breaches of regulation from the previous inspection.

The focus of this inspection was on:

- The key questions of safe, effective and well-led
- Following up on enforcement actions relating to Regulation 12 and Regulation 17 of the Health and Social Care Act Regulations 2014 (the Act).
- The breach of Regulation 12 (safe care and treatment) was because care and treatment were not provided in a safe way for patients:
 - The advanced nurse practitioner was prescribing outside of her competency.
 - There was no formal regular clinical supervision offered to nurse prescribers or auditing of their prescribing practice.
 - Documented consultations for patients presenting with an exacerbation of asthma did not meet national guidance.
 - Patients with long term conditions were not appropriately diagnosed and their condition effectively managed and monitored.
- The breach of Regulation 17 (good governance) was because there was a lack of systems and processes to ensure compliance with the fundamental standards as set out in the Act:
 - Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively.
 - There was no system to manage and monitor policies and procedures.
 - A lack of central oversight of governance processes
- We also followed up on issues where we said the provider should make improvements.

Overall summary

- Restart engagement with the patient participation group (PPG)
- Ensure administrative members of staff do not undertake chaperone duties until a disclosure and barring service (DBS) check is in place.
- Put a system in place to show it is clearly flagged in a patient's record whether there are any safeguarding concerns.
- Review clinical staff records to make sure they reflect immunisations received.
- Improve hand washing standards in the practice.
- Implement a system to catch up a backlog of records summarising.
- Improve the quality of medication reviews.
- Implement a system for the recording investigating and learning from significant events.
- Improve the system for the monitoring and actioning of safety alerts.
- Construct and implement a plan to improve the uptake of cervical screening.
- Strengthen the system for implementing quality improvement as a result of clinical audit.
- Review patients with a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place to ensure records are complete and appropriately completed.
- Draw up a business development plan to include succession planning.
- Identify a speak up guardian.
- Improve on the use of data to monitor performance

How we carried out the inspection

This inspection was carried out as follows:

- Conducting staff interviews some onsite and some using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A site visit.

Our findings

We based our judgement of the quality of care at this service on a combination of:

- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.
- information from the inspection.

We found that:

- There had been improvements in many of the systems to provide safe care. These included: safeguarding training and policies, recruitment checks, infection prevention and control systems, summarising patient records, assessing competency of non-medical prescribers, prescribing policy, setting up systems for recording incidents and safety alerts.
- The practice had adopted clinical templates to support effective care, had a system to invite patients for their health and medicine reviews. It had recruited and trained nurses to increase the capacity for clinics, there were regular staff appraisals and there had been training to complete Do Not Attempt Cardiopulmonary Resuscitation.
- An improvement plan had been implemented and managed since our last inspection and the Patient participation Group had been re-established. A risk register was in place but the approach to risk management was not embedded.

Overall summary

We found three breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients. This includes
 - Ensuring handwashing procedures are followed in line with guidance.
 - Maintaining safe staffing levels, including GPs.
 - Establishing a safe system for responding to tasks.
 - Implementing a system to ensure patients with abnormal test results are recalled for monitoring and re-testing (safety netting).
 - Ensuring patients with long term conditions have their health needs reviewed in line with clinical guidance.
 - Implementing a protocol for reviewing patients with acute exacerbations of asthma.
 - Ensuring medicine reviews for people with long term conditions and those who are prescribed medicines or medicine combinations with known risks, are undertaken and documented in line with best practice guidance.
 - Ensuring all incidents are fully investigated and learning is identified, shared and monitored.
 - Ensuring clinical templates are used effectively in order to improve consistency of care and treatment.
 - Ensuring records are completed to show discussions with patients, decisions and any changes made, in line with clinical guidances.
- Ensure that any complaint received is investigated and any proportionate action is taken in response to any failure identified by the complaint or investigation
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. This includes:
 - Developing a detailed succession strategy for the practice.
 - Ensuring clinical governance is in place, to identify and manage risks, learn from incidents, complaints and audits and promote improvement in clinical care.
 - Continue to comply with the conditions imposed on the provider on 25 January 2022.

The provider **should**:

- Take steps to engage consistently with the local safeguarding meetings.
- Continue to monitor and deliver the plan to summarise patient records.
- Continue to monitor and encourage take-up of cervical screening.
- Re-establish a clinical audit programme, that reflects local and practice priorities.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location. A member of the CQC medicines optimisation team attended the site visit with the lead inspector.

Background to Bury Road Surgery

Bury Road Surgery is located in Gosport at:

Gosport Memorial Hospital

Bury Road

Gosport

Hampshire

PO12 3PW

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures.

The practice is situated within the NHS Hampshire and Isle of Wight Integrated Care Board and delivers General Medical Services (GMS). This is part of a contract held with NHS England.

The practice has a patient list size of 4,548 and is part of a wider network of GP practices, called the Gosport Central Primary Care Network (PCN). This PCN has combined patient list size of about 84000.

Information published by Public Health England shows that deprivation index within the practice population group is 6, in a range of 1 to 10. The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 97% white, 1.3% Asian and 1.3% mixed. The practice has a higher proportion of older people than the England average at 23.3% compared with 17.7%. The practice population has higher rates of cancer, COPD, dementia, depression, diabetes and hypertension than the England average, based on data from March 2021.

The practice has one principal GP (the registered provider), one salaried GP, one regular locum GP and one ad hoc locum GP. The practice employs an advanced nurse practitioner, a nurse practitioner, four practice nurses and a healthcare assistant. The practice has teams of administration and reception staff, and the practice manager is supported by an operations manager.

The practice is open on Mondays from 8.30am to 7.30pm and Tuesdays to Fridays from 8.30am to 6.30pm. Telephone lines are open from 8am to 6.30pm. Out of hours services are provided from 6.30pm to 8pm Monday to Friday and from 8am to 4.30pm on Saturdays. Patients can access the out of hours service via the NHS 111 telephone number.

The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures Maternity and midwifery services	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person has failed to assess the risks to the health and safety of service users of receiving the care or treatment and mitigating risks, in particular:</p> <ul style="list-style-type: none">• Continuing to fail to comply with handwashing procedures.• Not addressing the risks associated with unsafe staffing levels, particularly GPs.• Not operating a consistently safe system for managing tasks.• Not reviewing the health needs of patients with long term conditions in line with clinical guidance.• There was no protocol for reviewing patients with acute exacerbations of asthma.• The medicine reviews for people with long term conditions and those who are prescribed medicines, or medicine combinations with known risks, were not undertaken and documented in line with best practice guidance.• Incidents were not fully investigated and learning was not shared and monitored to deliver improvements in care and treatment.• The clinical templates are not used effectively and consistently.• Patient records were not completed to reflect discussions with patients, decisions and any changes made, in line with clinical guidances. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The registered person had failed to ensure that all complaints received were investigated and that necessary and proportionate action was taken in response to any concerns identified by the complaint or investigation. In particular:

- The provider failed to investigate complaints fully.
- The provider did not address and respond to complainants in full, in a timely way.
- The provider did not identify trends and address areas of risk.

This was in breach of Regulation 16(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

There were ineffective systems or processes to enable the registered person to evaluate and improve the quality and safety of the services. In particular:

- Audits were not used consistently to identify where quality and/or safety was at risk in clinical care.
- The risk register was not used effectively as a system to identify, assess and managed risks.
- The clinical governance systems were not effective to support improvement in the service. Areas of improvement identified in the last inspection had not been fully addressed.

This was in breach of Regulation 17(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.